

**SOUTH CAROLINA DEPARTMENT
OF DISABILITIES AND SPECIAL NEEDS**

EMPLOYEE PERSONAL PROPERTY DAMAGE REPORT

FROM (*Facility Administrator*): _____ Date: _____

Name: _____ Title: _____ Shift: _____ Work Area: _____

Address (*include zip code*): _____

Date and Time of Incident: _____

Fully Describe (*Include location, individuals and staff involved, individual's behavior, staff response, etc.*)

List Personal Items Damaged and Value of Each:

I witnessed the above incident and can verify the claim of damage to staff personal property.

Print Name of Witness: _____

Signature of Witness

CSC Statement (*Include date and time reported*):

Campus Support Coordinator (CSC) Signature

Regional Center Facility Administrator Signature